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UNITED STATES HOUSE OF REPRESENTATIVES 2018 FINANCIAL DISCLOSURE STATEMENT	For Use by Members, Officers, and Employees 2019 MAY 15
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Name: Mike Thompson	Daytime Telephone: (202) 205-33 A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER STATUS  Member of the U.S.  State:  House of Representatives  District:	Officer or Employing Office: Staff Filer Type: (If Applicable) Employee Shared Principal Assistant
REPORT 2018 Annual (Due: May 15, 2019)	Amendment Termination  Date of Termination:
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	HESE QUESTIONS
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT,	T, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered contact the Committee on Ethics for further guidance.	ial Public Offering during the reporting period? If you answered "yes" to this question, please Yes No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be from this report details of such a trust that benefits you, your spouse, or dependent child?	mittee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded Yes
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your detail three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	arned" income, transactions, or liabilities of a spouse or your dependent child because they meet  Yes  No

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

- ASSETS	- ASSETS & "UNEARNED INCOME"	Name: Mike Thompso		Page of 9	Ä II
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-	Street, St. Hiero	1485/1439 Heaviney	or Half Ownership	JT KITST Republic Bank	37 Bank of America	ABC Hedge Fund X	Ji Simon & Schuster	SP Mega Corp. Stock EJF	the account that exceeds the reporting thresholds.  For bank and other cash accounts, total the amount in all interest-bearing accounts, the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second hones and vacation homes (unless there was rental income during the reporting period); and any financial income during the reporting period); and any financial retirement program, including the Thrist Savings Plan. If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.  If you so choose, you may indicate their an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	that generated more than \$200 in "uneamed" income during the year.	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income	Assets and/or Income Sources	BLOCK A
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## **SCHEDULE B -- TRANSACTIONS**

Name: Mike Thom pson

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## SCHEDULE C - EARNED INCOME

Name: Mike Thompson Page 7 or 9

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	nment) totaling \$200 or more during the lelow.	totaling \$200 or more during the reporting period. For a spouse, list
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.  INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	Social Security Act. ed at or above the "senior staff" rate was \$ y relationship) are totally prohibited.	\$28,050. The 2019 limit is \$28,440.
Source (include date of receipt for honoraria)	Туре	Amount
Keere State	Approved Teaching Fee	\$6,000
Examples: State of Maryland Civil War Roundtable (Oct. 2)	Legislative Pension Spouse Speech	\$18,000 \$1,000
Onlario County Board of Education	Spouse Salary	A/N
St. Helena Hospital	Sporse Salary	A/N
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### SCHEDULE D - LIABILITIES

Name: Mike Thompson Page 9 or 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

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			Ame	Example			
	-	C	American Aa Gredit	First Bank of Wilmington, DE	Creditor		
			20/12	5/16	Date Liability Incurred MO/YR		
	c.	Loan (Finley, CA)	Fair	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	•	
					\$50,001- \$100,000	ဂ	
			×	×	\$100,001~ \$250,000	0	
					\$250,001- \$500,000	m	moun
					\$500,001- \$1,000,000	77	of L
					\$1,000,001- \$5,000,000	റ	Amount of Liability
					\$5,000,001- \$25,000,000	=	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000		
					Over \$1,000,000* (Spouse/DC Liability)	~	

#### **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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					Position
					Position Name of Organization

							NOTE NUMBER
					threshold	Asset was initially purchased for less than the Reporting	NOTES